

J1017 U.S. PTO  
09/837102  
04/18/01

04-19-01

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: NOBUHARA et al.  
 Docket: 13409.3US01  
 Title: FILTER CARTRIDGE AND PROCESS FOR PRODUCING THE SAME

A  
J1017 U.S. PTO  
09/837102  
04/18/01

## CERTIFICATE UNDER 37 CFR 1.10

'Express Mail' mailing label number EL815538393US

Date of Deposit April 18, 2001

I hereby certify that this paper or fee is being deposited with the United States Postal Service 'Express Mail Post Office To Addressee' service under 37 CFR 1.10 and is addressed to the Assistant Commissioner for Patents, Washington, D C 20231

By: Yolanda Gray  
 Name Yolanda Gray

## BOX PATENT APPLICATION

Assistant Commissioner for Patents  
 Washington, D.C. 20231

Sir:

We are transmitting herewith the attached:

- Transmittal sheet, in duplicate, containing Certificate under 37 CFR 1.10.
- Utility Patent Application: Spec. 66 pgs; 17 claims; Abstract 1 pgs.  
 The fee has been calculated as shown below in the 'Claims as Filed' table.
- 5 sheets of formal drawings
- Certified copy of Japanese applications, Serial No. 2000-126531, filed April 26, 2000 and Serial No. 2000-143672, filed May 16, 2000, the right of priority of which is claimed under 35 U.S.C. 119
- A signed Combined Declaration and Power of Attorney
- Assignment of the invention to Chisso Corporation and Chisso Polypro Fiber Co., Ltd., Recordation Form Cover Sheet
- A check in the amount of \$870.00 to cover the Filing Fee
- A check for \$40.00 to cover the Assignment Recording Fee.
- Other: Information Disclosure Statement; Form 1449, 3 References
- Return postcard

## CLAIMS AS FILED

| Number of Claims Filed              | In Excess of: | Number Extra | Rate | Fee             |
|-------------------------------------|---------------|--------------|------|-----------------|
| <b>Basic Filing Fee</b>             |               |              |      | \$710.00        |
| <b>Total Claims</b>                 | 17 - 20 = 0   | x 0.00       | =    | \$0.00          |
| <b>Independent Claims</b>           | 5 - 3 = 2     | x 80.00      | =    | \$160.00        |
| <b>MULTIPLE DEPENDENT CLAIM FEE</b> |               |              |      | \$0.00          |
| <b>TOTAL FILING FEE</b>             |               |              |      | <b>\$870.00</b> |

Please charge any additional fees or credit overpayment to Deposit Account No. 13-2725. A duplicate of this sheet is enclosed.

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(PTO TRANSMITTAL - NEW FILING)